



MANCHESTER HEALTH DEPARTMENT MONTHLY REPORT SUMMARY, NOVEMBER 2007

ACCREDITATION PREPARATION AND QUALITY IMPROVEMENT

PROGRAM LISTING:

Arbovirus Surveillance & Control

Chronic Disease Prevention

Communicable Disease Control

Community Epidemiology

Dental Health

Environmental Planning and Pollution Control

Food Protection

HIV Prevention

Homeless Healthcare Project

Immunizations

Institutional Inspections

Lead Poisoning Prevention

Public Health Investigations

Public Health Preparedness

Refugee Health

School Health

Sexually Transmitted Disease Control

Tuberculosis Control

Water Quality

Youth Health Promotion

Summary of Program:

The City of Manchester Department of Health (MHD) was selected as one of only ten Local Health Departments across the country to participate as a Demonstration Site for an Accreditation Preparation and Quality Improvement Project led by the National Association of County and City Health Officials (NACCHO). Under this initiative, the MHD will begin assessing their achievement of local public health standards as defined by the national Public Health Accreditation Program over the next several years. This opportunity will provide the MHD with an advantage in the national process by enabling the Department to begin self-assessing organizational performance, identifying priority areas in organizational capacity and service delivery, and designing quality improvement processes to address identified priority areas.

Summary of Activities:

The MHD plans to conduct the self-assessment and the implementation of the quality improvement process in four key phases. Several of the methods within the phases were adapted from best practices identified at the national level.

- PHASE ONE: Assemble a Quality Improvement Team to lead the process.* The Quality Improvement Team (QIT) will be responsible for assessing the MHD's organizational capacity to carry out the Ten Essential Public Health Services, conducting quality improvement efforts, and educating and motivating MHD staff to participate in the processes of quality improvement. The QIT is comprised of senior management staff.
- PHASE TWO: Utilize the NACCHO's Operational Definition Prototype Metrics to perform an agency self-assessment.* Using the NACCHO's Operational Definition Prototype Metrics, the QIT will perform an agency performance measurement assessment to identify strengths and weaknesses within the Departments' delivery of essential services.
- PHASE THREE: Calculate self-assessment scores, analyze the results, develop goal statement for areas of improvement, and identify priority areas to address through quality improvement.* The QIT will analyze the results of the self-assessment and discuss the opportunities identified for improvement.
- PHASE FOUR: Implement a quality improvement process and summarize project findings.* The QIT will utilize a NACCHO sponsored consultant to facilitate the implementation of the quality improvement process targeted at an identified priority area for improvement.

Program Notes and Trends:

Outcomes of this project include a final, written report for NACCHO's website, development of a listing of benefits and challenges of undertaking this process with recommendations for improvement, submission of an application to NACCHO's model practice program to share the MHD's experiences with other local health departments, and the provision of a report of project findings to the Board of Health and the Mayor and Board of Aldermen in June of 2008.

Established in May 2007, the national Public Health Accreditation Board has recommended that a national voluntary accreditation program be developed for Local Health Departments. NACCHO's project has been formulated to begin testing tools for assessing capacity of local health departments, which will lead to accreditation. Therefore, the MHD's involvement in this project will help guide the development of the national accreditation process, and potentially lead to the MHD becoming one of the first local health departments in the country to be nationally accredited.

Community Activities

ARBOVIRAL SURVEILLANCE PROGRAM: On October 25, 2007 the Department concluded its mosquito surveillance for the 2007 season. Overall, 35,547 mosquitoes were trapped and sorted by Health Department staff and then tested by the New Hampshire Public Health Laboratory. All were negative for both Eastern Equine Encephalitis (EEE) and West Nile Virus (WNV).

ASTHMA PREVENTION AND CONTROL: The Multilingual Asthma Education and Outreach Program has received a one-year extension with the EPA to continue providing services to active clients currently in the program, and to reprioritize funds to strengthen current infrastructure and capacity. The NH Minority Health Coalition and The Way Home are providing peer educators for the Asthma program. This will increase capacity for outreach efforts in the community. Current capacity includes a Certified Asthma Educator, and a Medical Assistant at Child Health Services. The program goal is to reach 50 families of asthmatic children over the next two years. In December 2007/January 2008, the new peer educators will receive Asthma Education Training from the Certified Asthma Educator, and will shadow a seasoned peer educator on a few home visits to get oriented to the process before providing services directly.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM: Senate Bill 176 an act relative to lead paint poisoning was signed into law in July, 2007. The key provisions of this new law are:

1. Lower the blood lead level that triggers an environmental investigation for children equal to or under the age of 6 from 20 micrograms per deciliter (MCG/dL) to 10 mcg/dL (the current actionable level as defined by the Centers for Disease Control and Prevention);
2. Lower the blood lead level that triggers notification through letters and ongoing phone consultations to property owners, families and health care providers for children equal to or under the age of 6 from 10 mcg/dL to 7.5 mcg/dL.;
3. When the department inspects a rental unit where a child has an elevated blood lead level of 10 mcg/dL or higher and lead exposure hazards are found to exist, all units of that same multi-unit dwelling will be inspected to determine if other lead exposure hazards exist;
4. Amend language of the Lead Poisoning Prevention Revolving Fund (RSA 130-A: 15) to include additional sources of revenue such as administrative fines, donations, gifts, grants, etc., to be used to subsidize property owners in lead hazard remediation and to inform property owners as to the purpose of the fund;
5. Effective in July establishes a commission to study the current childhood lead poisoning prevention law, policies and standards.

HEALTHCARE FOR THE HOMELESS PROJECT: The Health Care for the Homeless Project was notified by the NH Department of Health & Human Services that it will be receiving a grant of \$57,000 in FY 08 and potentially an additional \$98,000 in FY 09 to expand primary care, oral health and mental health services to the homeless population. These funds are in addition to federal HRSA funding that the program currently receives.

FOR MORE INFORMATION

Visit our website at <http://www.manchesternh.gov/CityGov/HLT/Home.html>, or call 624-6466